



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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CONFIRMATION NO. 7099

Bib Data Sheet

SERIAL NUMBER 09/288,136	FILING DATE 04/08/1999 RULE	CLASS 296	GROUP ART UNIT 3612	ATTORNEY DOCKET NO. 98-1405
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## APPLICANTS

KATHLEEN F. KOHNLE, PHOENIX, AZ;  
 MICHAEL E. BOUCHES, PHOENIX, AZ;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*    \*\* SMALL ENTITY \*\*  
 04/29/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged Examiner's Signature Initials

ADDRESS  
 IVAR M. KAARDAL  
 KAARDAL & ASSOCIATES, P.C.  
 3500 SOUTH FIRST AVENUE CIRCLE  
 SUITE 250  
 SIOUX FALLS, SD 57105-5807

## TITLE

REAR VIEW MIRROR SUN VISOR ATTACHMENT

FILING FEE RECEIVED 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/288,136	04/08/99	359	2872	98-1405

APPLICANT KATHLEEN F. KOHNLE, PHOENIX, AZ; MICHAEL E. BOUCHES, PHOENIX, AZ.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\**None*\*\*\*\*\*

VERIFIED

Ple 5/1/00

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\**None*\*\*\*\*\*

VERIFIED

Ple 5/1/00

\*\*FOREIGN APPLICATIONS\*\*\*\*\**None*\*\*\*\*\*

VERIFIED

Ple 5/1/00

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged <i>Ple 5/1/00</i> Examiner's initials <i>Initials</i>		AZ	2	9	2

ADDRESS	KAARDAL & ASSOCIATES ATTN. IVAR M KAARDAL 622 S MINNESOTA AVENUE SUITE 1 SIOUX FALLS SD 57104-4825
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TITLE	REAR VIEW MIRROR SUN VISOR ATTACHMENT
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FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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